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Fill	in this information to identify your ca	se:				1				
Del	otor 1 MARCUS N	BRITTLE			_					
	otor 2 SHANTE GL	ORIA ROSE			_					
Uni	ted States Bankruptcy Court for the:	DISTRICT OF NEW J	ERSEY, NEWARK	DIVISION	_					
(If kr	fficial Form 106I					A ir		ed filing ent showing of the follow	g postpetition o	chapter 13
S	chedule I: Your Inco	ome								12/1
sup spo atta	s complete and accurate as possiplying correct information. If you ause. If you are separated and your ch a separate sheet to this form. Court 1: Describe Employment	are married and not filing spouse is not filing with	g jointly, and your h you, do not inclu	spouse is de inform	livii atioi	ng with y n about y	ou, inclu	de informa se. If mor	ation about you e space is ne	our eded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed				☐ Empl	oyed		
	Include part-time, seasonal, or self-employed work.	Employer's name	HOMEDEPOT							
	Occupation may include student o homemaker, if it applies.	r Employer's address								
		How long employed th	nere? 1 mor	nths			_			
Esti unle	mate monthly income as of the dass you are separated.	te you file this form. If yo								
,	u or your non-filing spouse have more se, attach a separate sheet to this for		oine the information f	for all empl	oyer	s for that	person on	the lines b	elow. If you ne	ed more
						For Del	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, salar deductions). If not paid monthly, ca			2.	\$	1	,667.47	\$	0.00	
3.	Estimate and list monthly overti	me pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	1,60	67.47	\$	0.00	

Official Form 106l Schedule I: Your Income page 1

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BRITTLE, MARCUS N & ROSE, SHANTE GLORIA	-	Case	number (<i>if known</i>)		
		For	Debtor 1		ebtor 2 or ling spouse
Copy line 4 here	4.	\$	1,667.47	\$	0.00
List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	125.36	\$	0.00
5b. Mandatory contributions for retirement plans	5b.	\$-	0.00	\$	0.00
5c. Voluntary contributions for retirement plans	5c.	<u>\$</u> —	0.00	\$	0.00
5d. Required repayments of retirement fund loans	5d.	<u>\$</u> —	0.00	\$	0.00
5e. Insurance	5e.	\$-	0.00	\$	0.00
5f. Domestic support obligations	5f.	\$_	0.00	\$	0.00
5g. Union dues	5g.	\$	0.00	\$	0.00
5h. Other deductions. Specify: med FT	5h.+	\$	_	+ \$	0.00
vision FT	_	\$	5.03	\$	0.00
dental FT	_	\$	34.67	\$	0.00
401k		\$	33.37	\$	0.00
HOMER FUND	_	\$	21.67	\$	0.00
BASIC LIFE	_	\$	2.04	\$	0.00
FT CRIT IL	_	\$	11.09	\$	0.00
aD & D	_	\$	6.28	\$	0.00
Itd		\$	12.78	\$	0.00
ROAD ASST		\$	5.16	\$	0.00
NJ ee FLI		\$	1.13	\$	0.00
NJ tdl		\$	2.38	\$	0.00
NJ hS/ WWDP		\$	5.94	\$	0.00
Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	494.40	\$	0.00
Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,173.07	\$	0.00
List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
8b. Interest and dividends	8b.	\$	0.00	\$	0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00
8e. Social Security	8e.	\$	0.00	\$	661.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
8g. Pension or retirement income	8g.	\$	0.00	\$	0.00
8h. Other monthly income. Specify: COMISSION	_ 8h.+	\$	2,000.00	+ \$	0.00
2018 tax refund	_	\$	531.00	\$	0.00
Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,531.00	\$	661.00
Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	3,704.07 + \$_	66	1.00 = \$ 4,36
 State all other regular contributions to the expenses that you list in Schedule of Include contributions from an unmarried partner, members of your household, your deather friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available. 	penden				e J. 11. + \$

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Debto Debto		BRITTLE, MAR	RCUS N & ROSE, SHANTE GLORIA	Case number (if known)	
			e last column of line 10 to the amount in line 11. The result neSummary of Schedules and Statistical Summary of Certain L		\$4,365.07
13.	Do yo	u expect an incr	rease or decrease within the year after you file this form?		monthly income
		Yes. Explain:			

Official Form 106l Schedule I: Your Income page 3

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F:11 :	i Alaia ifa	4: 4- :- 4:6····-				ı		
FIII I	in this informa	tion to identify you	ır case:					
Deb	tor 1	MARCUS N E	RITTLE			_	eck if this is: An amended filing	
	tor 2 ouse, if filing)	SHANTE GLO	ORIA RO	SE			•	ving postpetition chapter 13 following date:
Unite	ed States Bankr	uptcy Court for the:	DISTRI	CT OF NEW JERSEY, NE	WARK		MM / DD / YYYY	
	e number nown)							
		rm 106J				I		
		J: Your E						12/15
info	t 1: Descr Is this a join No. Go to Yes. Doe:	ore space is needer every question ibe Your Househot case? In line 2. S Debtor 2 live in	ded, attac n. nold nold a separa		orm. On the top of a	ny additio	nal pages, write you	supplying correct ur name and case number
۷.	Do not list Do Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state dependents			·	Daughter		12	□ No ■ Yes
					Daughter		9	☐ No ■ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
3.	expenses of yourself and	penses include f people other that d your dependen ate Your Ongoin	an ts? □	No Yes				☐ Yes
Esti exp	imate your ex	penses as of you	ur bankru	ptcy filing date unless your is filed. If this is a supple				
valu		sistance and hav		overnment assistance if and it on Schedule I: Your I			Your exp	enses
4.		r home ownersh d any rent for the ç		ses for your residence. In lot.	clude first mortgage	4.	\$	1,681.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's,				4b.	\$	0.00
		maintenance, rep				4c.	· ———	25.00
5		owner's associatio			no oquity loops	4d. 5.		0.00
5.	Auditional I	nortyaye paymer	ito ioi yo	ur residence, such as hon	ne equity loans	5.	φ	0.00

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Utilities:	0 - 0	450.00
6a. Electricity, heat, natural gas	6a. \$	150.00
6b. Water, sewer, garbage collection	6b. \$	20.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	315.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	700.00
Childcare and children's education costs	8. \$	20.00
Clothing, laundry, and dry cleaning	9. \$	55.00
Personal care products and services	10. \$	55.00
Medical and dental expenses	11. \$	30.00
Transportation. Include gas, maintenance, bus or train fare.	12. \$	100.00
Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	10.00
Charitable contributions and religious donations	14. \$	
· ·	14. φ	0.00
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	215.00
15c. Vehicle insurance	15c. \$	100.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		0.00
Specify:	16. \$	0.00
Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
. ,	·	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report a		0.00
deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) Other payments you make to support others who do not live with you.	. 10. \$	
Specify:	19. ————	0.00
Other real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i>		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	
	· <u> </u>	0.00
Other: Specify:	21. +\$	0.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	3,476.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2 \$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,476.00
		0,770.00
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,365.07
23b. Copy your monthly expenses from line 22c above.	23b\$	3,476.00
23c. Subtract your monthly expenses from your monthly income.	230 ¢	889.07
The result is your monthly net income.	23c. [\$	003.07
Do you expect an increase or decrease in your expenses within the year after year or do you expect to finish paying for your car loan within the year or do you expect year.		ase or decrease because of a
No.		
Yes. Explain here:		